PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Application or Docket Number 10 8763 570.

Elicotive October 1, 2000													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								IALL (ENTITY	OR		R THAN ENTITY	,
	FOTAL CLAIM	• •	33				RATE	FEE	7	RATE	FEE	_	
F	OR		NUMBE	NUMBER FILED		NUMBER EXTRA		SIC FE	€ 385.00	OR	BASIC FEE	770.00)
	OTAL CHARGE	EABLE CLAIMS	37 m	37 minus 20=		. 13		(\$ 9=		OR	XS18=	234	′
(A	DEPENDENT	CLAIMS	3 -	3 = minus 3 =		9		43 =		OR	X86=	8	
M	ULTIPLE DEPE	NDENT CLAIM	PŖESENT	RESENT				145=	 	OR	+290=		
* If the difference in column 1 is less than zer					10" in	column 2	L_ T	OTAL	 	OR	TOTAL	1004	1
CLAIMS AS AMENDED - PART II // /26/04 (Column 1) (Column 2) (Column 3)							OTHER THAN SMALL ENTITY OR SMALL ENTITY						
AMENDMENT A	,	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	-
	Total	. 33	Minus	-3	3	<i>-0</i>	×	\$ 9=		OR	X\$18=		
AME	Independent	1.3	Minus	<u> </u>	<u> </u>	= 0	×	43=		ОЯ	X86=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								45=		OŘ	+290=		
			TOTAL		OR .	TOTAL OOIT, FEE]					
ADDIT FEE												,	1
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R/	ΛTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	4*4	<u>.</u>	÷	X	9=		OR	X\$18=		ı
	Independent		Minus	era .	21 4147	-	X.	3=		OR	X86=		1
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									oя.	+290=		1
							ADDI	OTAL FEE		OR A	TOTAL DDIT. FEE		l
		(Column 1)		(Column		(Column 3)			-		•		ŀ
Z -		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R SLY	PRESENT EXTRA	RA	TE I	ADDI- FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		•	×s	9=		OR	X\$18=		ľ
	Independent	•	Minus	***		z.	X4	3=		-	X86=		l
]:	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR			ŀ
				· · · ·			+14	5=]	DR _	+290=		_
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OR ADDIT FEE ADDIT FEE													
		nber Previously Pai per Previously Paid					lound in If	e appro	priate box i	n colum	ın I.	-	L